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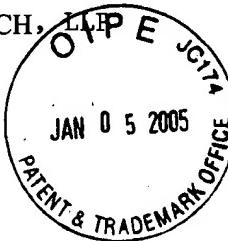
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02292 7590 10/06/2004
BIRCH STEWART KOLASCH & BIRCH, LLP
PO BOX 747
FALLS CHURCH, VA 22040-0747

01/06/2005 HLE444 00000085 09827979

01 FC:1501 1400.00 OP



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| | |
|--|--------------------|
| | (Depositor's name) |
| | (Signature) |
| | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/827,979 | 04/09/2001 | Niakam Kazemi | 362 | 5412 |

TITLE OF INVENTION: METHOD OF IMPROVING QUALITY OF MANUFACTURED MODULES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1370 | \$0 | \$1370 | 01/06/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------------|----------|----------------|
| GARLAND, STEVEN R | 2125 | 700-110000 |

- | | |
|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
|---|---|
- 1 Michael R. Cammarata*
2 Chad J. Billings
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Ciena Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Linthicum, MD

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date January 5, 2005

Typed or printed name _____

Michael R. Cammarata

Registration No. 39,491

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